

Exploring sexualized drug use, sexual behaviors, and substance use among sexual and gender diverse people in California

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pronouns: they/he/she

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ADVOCACY FOR EQUITY AROUND EVIDENCE-BASED TREATMENTS

Conflict of Interest: None

Overview

Problem statement and research question

Background and theoretical perspective

Methods and analysis

Results

Vignette

“The reason why I will have added recreational drugs to my sexual playtime is because it really does ramp up the actual physical sensations, pleasures...The best or the most incredible sex that I’ve had I can think a handful of experiences that involved anything from methamphetamine to molly or Ecstasy, LSD, 2cb, [?] or DMT”. (39, white pansexual male)

I have to trust somebody if they’re on PrEP on their profile, that they actually are. Depending on how the conversations going with someone, I might be motivated to be like hey are you sure, or like how long have you been on PrEP, that kind of thing where there’s doubt, but I want some details.

Problem statement 🤔

An individualistic approach and deficit-based paradigm place the moralistic onus on the individual to alter their “problematic” behavior to meet public health norms.

The intersection of stigmatizing queer identity and criminalizing drug use behavior will continue to worsen overall health outcomes in the long-term.

Research question 🤔

How do SGD people who engage in SDU navigate HIV and other STI prevention strategies in their sexual networks and maximize the benefits of pleasure and bonding?

- How do SGD people talk about and navigate harm reduction strategies with partners?

-What practices are employed to mitigate risks and enhance pleasure and bonding?

Background



- **Sexualized drug culture**

- Drug and alcohol use among gay and bisexual men or men who have sex with men (MSM) as a creative/experimental response to marginalization (i.e., chemsex or party and play)
- SDU associated with: sexually-transmitted infections (STIs), risky sex behaviors (e.g., condomless sex), group sex/multiple partners, and injection drug use

- **Biomedical HIV prevention**

- Effect of SDU and drug use on pre-exposure prophylaxis (PrEP) adherence limited and conflicting
- Suboptimal antiretroviral therapy (ART) due to drug use, but it shouldn't be used as a proxy for SDU
- Other ways to protect sexual health (condoms, STI testing, and partner notification and treatment)

- **Online communication technologies**

- Historical eradication of physical gay social spaces -> Social networking applications (apps)
- Anonymity to hide and avoid detection and resist laws, stigma, and medicalization
- Seek sexual, social, and romantic partners and increase the availability and prevalence of drug use

Diversity, equity, and inclusion

- **Research inclusion:** Majority of SDU studies focus on MSM, with fewer on trans women and none with trans men, nonbinary people, or women who have sex with women.
- **International scope:** International SDU and chemsex research, especially in high HIV prevalence areas, are essential.
- **SDU definition:** Definitions of SDU vary; local context is significant, and harm reduction strategies could be shared internationally.

Theoretical perspective

Counterpublic health is a concept rooted in Queer and Feminist Theory that centers and acknowledges the health needs and aspirations of socially marginalized people whose knowledge and embodied practices challenge the normative principles of our public health frameworks.

Methods and analysis

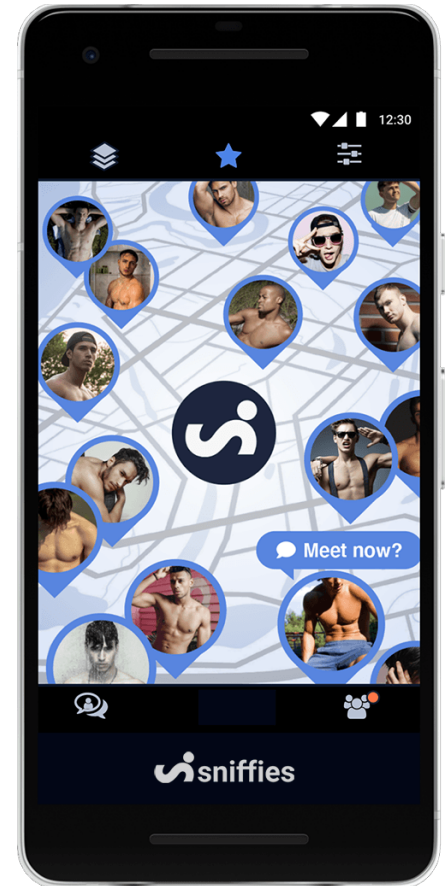


Recruitment via reaching out to online app/site users via a user profile

In-depth interviews via a **semi-structured interview guide**:

- How interviewees practice and navigate HIV/STI prevention and harm reduction strategies within their own sexual networks (e.g., how they discuss and address HIV and other STI risks with their partners)
- Their physical, emotional, and social experiences engaging in SDU based on their preferences for specific substances/drugs, partners and environments, and contexts

Modified grounded-theory for analysis to determine emergent themes



Results

Table 1. Participant characteristics

		<i>n</i> = 18
Age		42 ± 12
Gender		
	Male	17 (94%)
	Transgender female	1 (6%)
Race		
	White/Caucasian	9 (50%)
	Latino(x)/Hispanic	6 (33%)
	Asian/Pacific Islander	2 (11%)
	Mixed	1 (6%)
Sexual orientation		
	Gay	12 (66%)
	Queer	3 (17%)
	Pansexual	2 (11%)
	Bisexual	1 (6%)

Education

College degree	6 (33%)
Some college	6 (33%)
Graduate degree	3 (16%)
High school/GED	3 (16%)

Marital status

Single	15 (83%)
In a relationship	2 (11%)
Married	1 (6%)

HIV status

Living with HIV	<u>10 (56%)</u>
<i>Undetectable</i>	9 (90%)
<i>Unknown</i>	1 (10%)
Negative	<u>8 (44%)</u>
<i>On PrEP</i>	7 (87.5%)
<i>Not on PrEP</i>	1 (12.5%)

Residence

Northern CA	15 (83%)
Southern CA	3 (17%)

Results

Moral agency -> Harm reduction

- Debunking the myths of lacking knowledge or understandings of harm reduction as a driver for SDU

Two-step harm reduction approach:

1. Digital screening
2. In-person assessment

Results

Digital screening

- Locality
 - Limiting the number of partners
- User profile
 - Biomedical HIV/STI prevention status
 - Health assessment of the physical (e.g., photos)
- Communication and information exchange (e.g., mutual interests)

In-person assessment

- Intentional planning
- First meeting
 - Confirmation of a partner's health status claims
 - Hygienic standards
- During SDU
 - Monitoring behavior
 - Condom use as requested

Results

But Grindr, you could pick whoever you want, and you can be more selective, and you're going to be more selective 'cause you're like, "I don't want this."...I don't really necessarily like cruising, because I don't like being outside in the cold and dark. And I like being in indoors. (24, white queer trans woman)

Results

Digital screening

- Locality
 - Limiting the number of partners
- User profile
 - Biomedical HIV/STI prevention status
 - Health assessment of the physical (e.g., photos)
- Communication and information exchange (e.g., mutual interests)

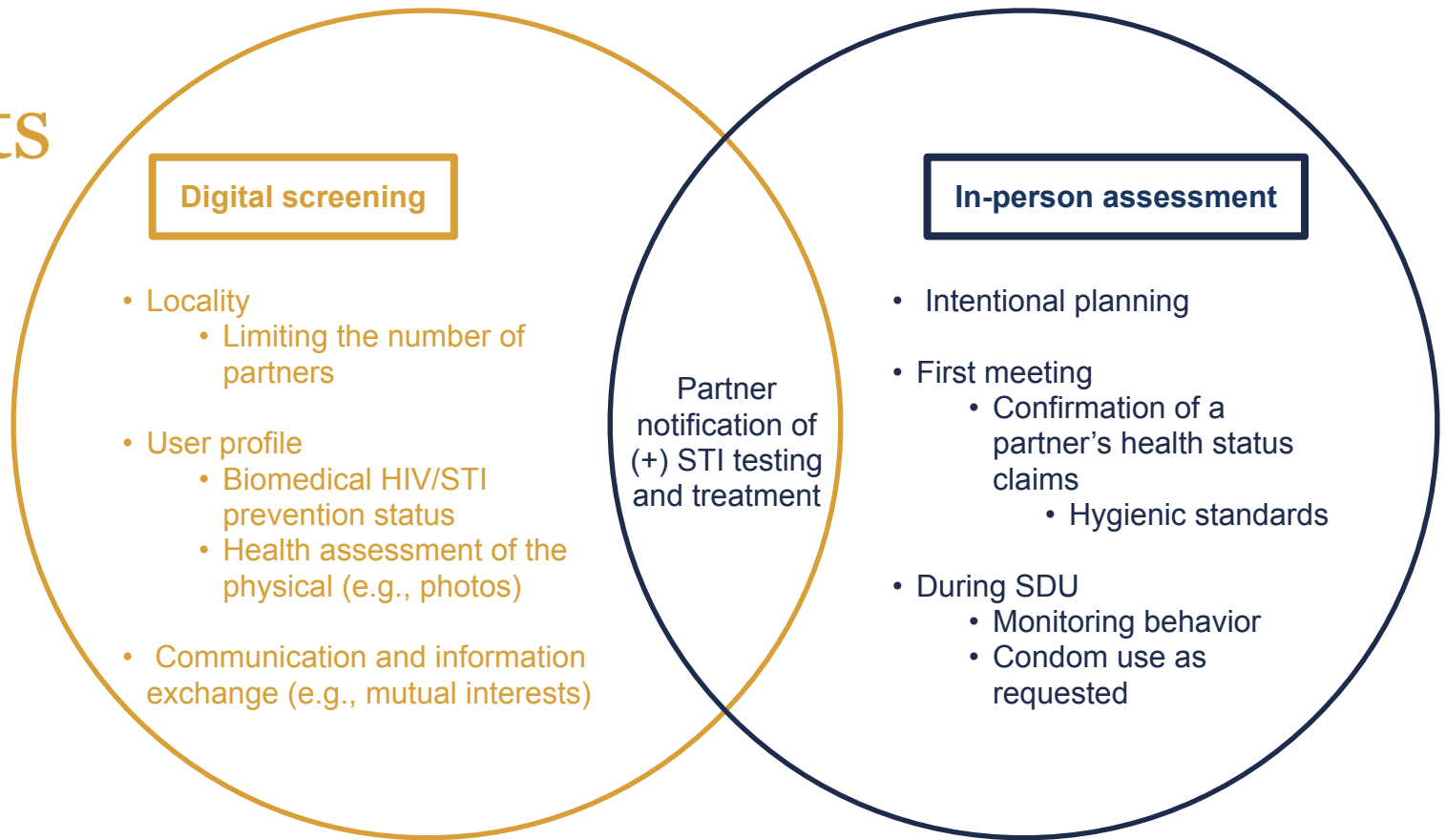
In-person assessment

- Intentional planning
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- During SDU
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Results

Usually, all my friends who have HIV are undetectable. But I've talked to some people who have viral HIV, but I've been on PrEP so I didn't give a fuck...That's the only point I ever asked them to use a condom is if they have viral HIV...It's still dangerous, but at that point I'm just like, I feel a little safer when I do it. (24, white queer trans woman)

Results



Policy implications

- Generate evidence of the overlooked harm reduction strategies that give voice to unproblematic SDU within social networks
- Address the prohibition and criminalizing policies that govern how citizens should act in accordance with public health norms
- Eliminate the pervasive stigma that spans throughout the socioecological levels of community(s), health services provision, and other structural institutions

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Thank you! 🙌

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